

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000049670

1. Entity Name
BANKNET MORTGAGE CORP.



Principal Place of Business
281 NW 57 AVENUE
MIAMI FL 33128

Mailing Address
281 NW 57 AVENUE
MIAMI FL 33128

2. Principal Place of Business

7711 SW 20 ST

Suite, Apt. #, etc.

3. Mailing Address

7711 SW 20 ST

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33155

Country

USA

City & State

Miami, FL

Zip

33155

Country

USA

4. FEI Number

65-1105288

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LOPEZ, JORGE
281 NW 57 AVENUE
MIAMI FL 33128

7. Name and Address of New Registered Agent

Name

Jorge Lopez

Street Address (P.O. Box Number is Not Acceptable)

7711 SW 20 ST

Miami

City

FL

Zip Code

33155

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME LOPEZ, JORGE
STREET ADDRESS 281 NW 57 AVENUE
CITY-ST-ZIP MIAMI FL 33128

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☒ Change ☐ Addition

7711 SW 20 ST
MIAMI, FL 33155

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

Jorge Lopez

9/25/03

305 260 4712

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Residence Phone #

CR2E034 (4/03)

0038363
AV

we just FILED Received.
this Renewal Notice.
03 SEP 30 AM 9:04
9/25/03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



☒ CHECK HERE IF MAKING CHANGES

9/25/03

As per my conversation with
MR McGhee AS I Received
this Doc. I call because
we have just Received this
notice & have never got
any other he told me to
Send it in with this note
& the check

Thank you